

From: LGU (Local Government Unit):

To: Enrique Zuniga

Massachusetts School Building Authority

3 Center Plaza – Suite 430

Boston, MA 02108

Telephone:

Fax:

Telephone: (617) 720-4466

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MSBA ID:

Period Ending:

Contract for:

LGU's Request for Reimbursement Number

Request is made for reimbursement, as shown below in connection with the Continuation Sheet Attached.

1. APPROVED TOTAL PROJECT BUDGET (Column A)	\$ _____ .00
2. TOTAL PROJECT COSTS INCURRED TO DATE (Column D)	\$ _____ .00
3. LESS TOTAL INELIGIBLE COSTS (Column E)	
4. TOTAL ELIGIBLE COSTS INCURRED TO DATE (Line 2 – Line 3)	\$ _____ .00
5. REIMBURSEMENT RATE	_____ %
6. TOTAL REIMBURSEMENT TO DATE (Multiply Line 4 by Line 5)	\$ _____ .00
7. LESS PREVIOUS APPROVED REIMBURSEMENTS FROM MSBA	\$ _____ .00
8. CURRENT REIMBURSEMENT REQUEST (Line 6 – line 7)	\$ _____ .00
9. LESS ADJUSTMENTS / RETAINAGE (BY MSBA)	\$ _____ .00
10. AMOUNT APPROVED THIS PERIOD (Line 8 – Line 9)	\$ _____ .00

The undersigned certifies that s/he is a duly authorized officer of the LGU and, to the best of his/her knowledge, information and belief (1) this Request for Reimbursement is solely for costs related to this Project, (2) the current Request for Reimbursement does not include any cost that has been previously paid or rejected by the Authority, (3) the work covered by this Request for Reimbursement has been completed in accordance with the Project Funding Agreement prior to the date of this request, (4) this Request for Reimbursement is for costs that have duly paid by the LGU, and (5) that this Request for Reimbursement request is within the Total Project Budget approved by the Authority.

Project

Manager: _____

LGU: _____

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Request for Reimbursement must be accompanied by:

1. Continuation Sheet.
2. Updated Vendor Invoice Log
3. Invoices and payment forms (as applicable) for the amounts requested.
4. Proof of payment by the LGU of the amounts requested.